



EMPLOYMENT DEVELOPMENT DEPARTMENT
ACCOUNT SERVICES GROUP, MIC 28
P.O. BOX 826880
SACRAMENTO CA 94280-0001
(916) 654-7041 / FAX 654-9211

REGISTRATION FORM FOR GOVERNMENTAL ORGANIZATIONS, PUBLIC SCHOOLS, & INDIAN TRIBES

D E P T U S E	ACCOUNT NUMBER								QUARTER			ETCSO			FED CODE			ON-LINE PROCESS DATE	TAS CODE

A. BUSINESS NAME						OWNERSHIP BEGAN OPERATING MONTH: DAY: YEAR:			FEDERAL I.D. NUMBER			
B. ORGANIZATION OR TRIBE NAME						NATURE OF ACTIVITY						
List all principal officers or administrators				TITLE		SOCIAL SECURITY NUMBER			DRIVER'S LICENSE NUMBER			
C. BUSINESS LOCATION Street and Number (see instructions)					CITY OR TOWN		STATE	ZIP CODE		COUNTY		
FAX NUMBER:					E-MAIL ADDRESS:							
MAILING ADDRESS (in care of P.O. Box or Street and Number)					CITY OR TOWN		STATE	ZIP CODE		PHONE NUMBER ()		
D. HAVE YOU EVER BEEN REGISTERED WITH THE DEPARTMENT? <input type="checkbox"/> No <input type="checkbox"/> Yes				IF YES, ENTER EMPLOYER ACCOUNT NUMBER, BUSINESS NAME AND ADDRESS ACCOUNT NUMBER BUSINESS NAME ADDRESS PHONE NO. ()								
E. INDICATE FIRST QUARTER AND YEAR IN WHICH YOU PAID WAGES. <input type="checkbox"/> Jan.-Mar. 20__ <input type="checkbox"/> Apr.-June 20__ <input type="checkbox"/> July-Sept. 20__ <input type="checkbox"/> Oct.-Dec. 20__						F. WILL YOU BE SUBJECT TO FEDERAL MONTHLY/SEMI-WEEKLY DEPOSITS? <input type="checkbox"/> No <input type="checkbox"/> Yes						
G. ORGANIZATION TYPE <input type="checkbox"/> (SD) SCHOOL DISTRICT <input type="checkbox"/> (IT) INDIAN TRIBE <input type="checkbox"/> (GO) GOVERNMENTAL <input type="checkbox"/> (OT) OTHER (Specify) _____						H. WOULD YOU LIKE INFORMATION ON THE FOLLOWING ALTERNATIVE UNEMPLOYMENT INSURANCE FINANCING? <input type="checkbox"/> No <input type="checkbox"/> Cost of Benefits <input type="checkbox"/> School Employees Fund <input type="checkbox"/> Yes <input type="checkbox"/> Election of Disability Coverage						
I. EMPLOYER TYPE <input type="checkbox"/> (07) Public School <input type="checkbox"/> (11) Indian Tribe <input type="checkbox"/> (15) State Colleges <input type="checkbox"/> (21) Public Entity <input type="checkbox"/> (28) State Hospital <input type="checkbox"/> (08) District Hospital <input type="checkbox"/> (14) University of CA <input type="checkbox"/> (16) District Fair <input type="checkbox"/> (26) Fed-State Withholdings									NUMBER OF EMPLOYEES			
J. CONTACT PERSON FOR BUSINESS			NAME		TITLE		ADDRESS			PHONE ()		
K. SUPPORTIVE SERVICES If you are part of a larger organization and you are primarily engaged in providing supportive services to other establishments of the larger organization, check one of these boxes.												
(1) <input type="checkbox"/> Control Administrative (headquarters, etc.)				(3) <input type="checkbox"/> Storage (warehouse)				(5) <input type="checkbox"/> Does not apply				
(2) <input type="checkbox"/> Research, development, or testing				(4) <input type="checkbox"/> Other (specify)_____								
L. DECLARATION These Statements are hereby declared to be correct to the best knowledge and belief of the undersigned.												
Signature _____				Date _____		Residence Phone ()						
Title _____				Residence Address _____		Street City State ZIP Code						

INSTRUCTIONS FOR DE 1GS REGISTRATION FORM FOR GOVERNMENTAL ORGANIZATIONS, PUBLIC SCHOOLS, AND INDIAN TRIBES

An employer is required by law to file a registration form with the Employment Development Department (EDD) within **fifteen (15) calendar days** after paying wages for employment, or whenever a change in ownership occurs. Please complete all items on the front of this DE 1GS and send to the address shown on the front of this form.

- A. BUSINESS NAME** – Give the name by which your business is known to the public. Enter "None" if no business name is used. Enter the date the new ownership began operating. Enter Federal Employer Identification Number(s). If not assigned, enter "Applied For."
- B. ORGANIZATION NAME** – Give the name of the organization under which your business operates. Indian tribes must provide full tribal name as shown on the Federal Register. Give a brief description of the nature of activity performed, e.g., National Guard, Public School District, County, two year college, university. Enter the full name, middle initial, surname, title, social security number and driver's license number for each officer, administrator, or tribal council member.
- C. BUSINESS LOCATION** – Enter the California address and county where the business in Item A is physically conducted. If more than one California location, list on a separate sheet and attach to this form. Enter the mailing address where EDD correspondence and forms should be sent. If this address is the same as the business location, enter "Same." Provide daytime business telephone number, FAX number and E-Mail address for the Ownership shown in Item B. Indian tribes must also provide the mailing address for the tribal council.
- D. PRIOR REGISTRATION** – If any part of the ownership in Item B is operating or has ever operated at another location, check "yes" and provide the account number, business name, address, and telephone number if known.
- E. WAGES** – Check the appropriate box for the quarter in which you first paid wages.
- F. PIT WITHHOLDING** – Check appropriate box. If you are not sure if you are subject to monthly/semi-weekly Personal Income Tax deposits, contact an Employment Tax Customer Service Representative at 1-888-745-3886.
- G. ORGANIZATION TYPE** – Check the box that best describes the legal form of the ownership shown in Item B.
- H. ALTERNATIVE FINANCING** – If you would like information on alternative methods of financing unemployment insurance, check the appropriate box, otherwise check NO. Check yes or no box for Disability Coverage.
- I. EMPLOYER TYPE** – Check the box that best describes your employer type. Enter total number of employees for the ownership shown in Item B.
- J. CONTACT PERSON** – Enter the name, title, and telephone number of the person authorized by the ownership shown in Item B to provide information to EDD staff.
- K. SUPPORTIVE SERVICES** – Check the box that best describes the organization shown in Item B.
- L. DECLARATION** – This declaration should be signed by one of the names shown in Item B.

NEED MORE HELP OR INFORMATION? Call Account Services Group (ASG) in Sacramento at (916) 654-7041 with questions regarding this form or the registration and account number assignment process. If you have questions about whether your business entity is subject to reporting and paying state payroll taxes, contact the nearest Employment Tax Customer Service Office (ETCSO) listed in your local telephone directory under State Government, Employment Development Department or call an Employment Tax Customer Service Representative at 1-888-745-3886. For TTY (nonverbal) access, call 1-800-547-9565.

Three options for obtaining a new employer account number are available: by mail, by calling (916) 654-8706 to obtain your account number over the phone, or by fax service at (916) 654-9211. All three options require that a registration form be completed and faxed or mailed to: Employment Development Department, Account Services Group, MIC 28, P.O. Box 826880, Sacramento, CA 94280-0001.

We will **notify** you of your **EDD account number** by mail. To help you understand your tax withholding and filing responsibilities you will be sent a **California Employer's Guide, DE 44**. Please keep your account status current by notifying ASG of all future changes to the original registration information.

Tribal employers should call the tribal UI information number (916) 464-0962 for registration assistance or other questions.

I dreamt the government was here to help...

- ***Understand who, what, how, and when to report state employment taxes.***
- ***Avoid common pitfalls and costly mistakes.***
- ***Control unemployment insurance costs.***
- ***Learn the differences between independent contractors and employees.***
- ***Discover services and resources, available at no additional cost.***

Make this dream a reality. Attend an employment tax seminar designed especially for employers, sponsored by the Employment Development Department. Please complete and mail the bottom portion of this form to the Employment Development Department, P.O. Box 2068, Rancho Cordova, CA 95741-2068 or fax to (916) 464-3504. We will contact you regarding the date, time, and location of the next seminar.

If you would like more information, please call (916) 464-3502 or visit EDD's Web site at www.edd.ca.gov.



Name: _____

Address _____

Street

City

State

ZIP Code

Telephone: () _____ FAX: () _____

Preferred time and place to attend a seminar:

Day of week: Mon Tue Wed Thu Fri Sat (circle one)

Time of day: Morning Afternoon Evening (circle one)

Preferred city or area: _____

The dream is real.



The State of California Employment Development Department (EDD), as a recipient of federal and state funds, is an equal opportunity employment program and is subject to Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA). Persons who require special accommodations may contact the above information number.